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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH
BUREAU OF MENTAL HEALTH SERVICES

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December 18th, 2017

Craig Amoth, CEO
Greater Nashua Mental Health Center at Community Council
100 West Parl Street
Nashua, NH 03060

Dear Mr. Amoth,

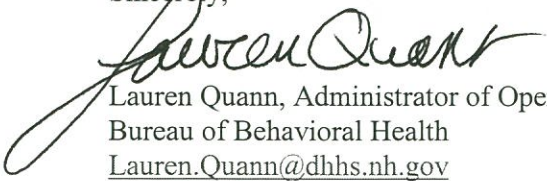
Enclosed is the Assertive Community Treatment Fidelity Report that was completed on behalf of the Division for Behavioral Health of the Department of Health and Human Services for Greater Nashua Mental Health Center at Community Council (GNMHC) ACT Team One. This review took place from November 29th 2017 through November 30th, 2017. The Fidelity Review is one component of compliance with the Community Mental Health Settlement Agreement to evaluate the quality of services and supports provided by New Hampshire's Community Mental Health Center system. It is also the goal that these reviews are supportive in nature and enable your Community Mental Health Center to identify areas of strength and areas in need of improvement. Through this, the outcomes and supportive services for all consumers will be improved.

GNMHC is invited to review the report and respond within 30 calendar days from date of this letter addressing the fidelity items listed below. These items have been chosen for your attention as your center scored a 3 or below on them. We ask that you address each item but please choose 2-3 to focus on for the purpose of your Quality Improvement Plan. Please address these in a QIP to my attention, via e-mail, by the close of business on January 17th, 2018.

- Human Resources: Structure and Composition
 - H4: Practicing ACT Leader
 - H5: Continuity of Staffing
 - H7: Psychiatrist on Team
 - H8: Nurse on Team
 - H9: Substance Abuse Specialist on Team
 - H10: Vocational Specialist on Team
 - H11: Program Size
- Organizational Boundaries
 - O4: Responsibility for Crisis Services
 - O7: time Unlimited Services
- Nature of Services
 - S7: Individualized Substance Abuse Treatment
 - S8: Co-occurring Disorder Treatment Groups
 - S9: Co-occurring Disorders Model
 - S10: Role of Peer Specialist on Team

Thank you to all of the GNMHC staff for their assistance and dedicating time to assist the Department through this review. Please contact me with any questions or concerns you may have.

Sincerely,

A handwritten signature in black ink, appearing to read "Lauren Quann", with a long, sweeping underline that extends to the left.

Lauren Quann, Administrator of Operations
Bureau of Behavioral Health
Lauren.Quann@dhhs.nh.gov
603-271-8376

Enclosures: Initial Fidelity Review
CC: Karl Boisvert, Diana Lacey, Susan Drown

*The Department of Health and Human Services' Mission is to join communities and families
in providing opportunities for citizens to achieve health and independence.*



Assertive Community Treatment Fidelity Assessment

Greater Nashua Mental Health Center
ACT Team One

On Site Review Dates: November 29th & 30th, 2017

Final Report Date: December 14th, 2017

David Lynde, LICSW
Dartmouth Hitchcock Medical Center
Evidenced-Based Practice Trainer & Consultant

Christine Powers, LICSW
Dartmouth Hitchcock Medical Center
Evidenced-Based Practice Trainer & Consultant

ACRONYMS

ACT - Assertive Community Treatment
BMHS - NH Bureau of Mental Health Services
CMHC - Community Mental Health Center
CSP - Community Support Program
DHHS - Department of Health and Human Services
DHMC - Dartmouth Hitchcock Medical Center
EBP - Evidence-Based Practice
ES - Employment Specialist
MH - Mental Health
MH Tx Team - Mental Health Treatment Team
NH - New Hampshire
NHH - New Hampshire Hospital
PSA - Peer Support Agency
QA - Quality Assurance
QIP - Quality Improvement Program
SAS - Substance Abuse Specialist
SE - Supported Employment
SMI - Severe Mental Illness
SPMI - Severe and Persistent Mental Illness
TL - Team Leader
Tx - Treatment
VR - Vocational Rehabilitation

AGENCY DESCRIPTION

Christine Powers, LICSW and David Lynde, LICSW from Dartmouth-Hitchcock Medical Center conducted two ACT fidelity reviews with Greater Nashua Mental Health Center's ACT Teams (ACT Team One and ACT Team Two) on November 29th and November 30th, 2017. Both of Greater Nashua Mental Health Center's (GNMHC) ACT teams are based out of the Nashua, NH office. Both teams were reviewed during the same time period. It is worth noting that both ACT Team One and ACT Team Two provide many of their services together in a quasi-integrated way. This document provides fidelity review findings regarding ACT Team One.

METHODOLOGY

The reviewers are grateful for the professional courtesies and work invested by the GNMHC staff in developing and providing these activities as part of the ACT fidelity review.

The sources of information used for this review included:

- Reviewing ACT client records
- Reviewing documents regarding ACT services
- Reviewing data from the ACT team
- Observation of ACT daily team meeting
- Interviews with the following CMHC staff: ACT Team Leader, ACT Psychiatrist, ACT Nurse, ACT Vocational Specialist, ACT Substance Abuse Specialist, and other members of the ACT Team
- Meeting with ACT clients

REVIEW FINDINGS AND RECOMMENDATIONS

The following table includes: Fidelity items, numeric ratings, rating rationale, and recommendations. Ratings range from 1 to 5 with 5 being the highest level of implementation.

KEY

- ☒ = In effect
☐ = Not in effect

#	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	4	<p>The ACT Team One client to team member ratio is 12:1.</p> <p>Item formula: $\frac{\text{Number of clients presently served}}{\text{Number of FTE staff}} = \frac{47}{3.85} = 12.2$</p>	In order to reduce caseload sizes for ACT staff, the ACT Team One leader and the agency should consider increasing the Program Size by increasing the FTEs for the Psychiatrist, Nurse, Vocation Specialist, Substance Abuse Specialist, and Peer Support Specialist positions (Please see items H7 through H10, and S10). Maintaining a low consumer-to-staff ratio of at least 10:1 ensures adequate intensity and individualization of services.
H2	Team Approach	5	<p><input checked="" type="checkbox"/> ACT Team One provider group functions as a team, and team members know and work with all clients.</p> <p>100% of the clients reviewed had face-to-face contact with at least 2 staff members in 2 weeks.</p>	ACT Team One and ACT Team Two should consider separating their team meetings in order to enhance communication and actively monitor team approach. Having a distinct ACT Team One meeting will allow the team to efficiently discuss each ACT Team One client at each team meeting, assuring clients are receiving optimal services.
H3	Program Meeting	4	The two ACT teams meet together Mondays, Tuesdays, Thursdays, Fridays, Saturdays, and Sundays from 9:00am to 10:00am. The ACT team members' schedules vary, and ACT teams' staff attend daily teams on the days they each work. The ACT teams' prescriber does not attend these meetings.	ACT Team One should consider separating their team meetings from ACT Team Two in order to actively monitor ACT Team One's individual team approach. Having distinct ACT Team One meetings will allow the team to efficiently discuss each ACT Team One client at each team meeting, assuring clients are receiving optimal services.

#	Item	Rating	Rating Rationale	Recommendations
			<p>The two ACT teams also share “Weekly ACT Team Supervision” each Wednesday. The ACT teams’ prescriber attends the Wednesday meetings. This meeting appears to discuss cases more in depth, and focuses on cases the prescriber might need to be updated on.</p> <p>The two ACT teams do not review each client each time during any of the meeting times. The ACT teams typically review clients that need timely responsiveness and then review at least 1 ACT team member’s individual caseload from one of the ACT teams.</p>	
H4	Practicing ACT Leader	4	<p>The ACT Team One supervisor provides direct client services 25% to 50% of the time. The ACT Team One leader has a small primary “caseload,” as well as assists ACT team members on both teams when needed for coverage and crises.</p>	<p>The ACT Team One leader should consider tracking all of his direct service activities on a regular basis.</p> <p>The agency might also want to consider working with the ACT Team One leader to identify specific duties and requirements that impede the team leader from providing necessary time in direct service to ACT clients. Many ACT team leaders start this process by doing a 2 week time study to identify and mitigate those duties and responsibilities that might be preventing the ACT team leader from reaching this level of direct services.</p>

#	Item	Rating	Rating Rationale	Recommendations
H5	Continuity of Staffing	3	<p>The turnover rate for ACT Team One in the past 2 years is 40%.</p> <p>Item formula:</p> $\frac{8}{10} \times \frac{12}{24} = 40\% \text{ Turnover rate}$	<p>The agency might consider setting up a way to gather feedback from their current ACT Team One staff to find out reasons they stay on the ACT team. The agency might also want to consider gathering data about why staff have leave the ACT Team One via exit interviews to identify any potential areas for improvement.</p> <p>Staff continuity can also be improved by having a strong team connection. ACT Team One might consider making time for team building on and off the job site. Ideas include monthly celebration lunches, on or off-site team building activities, and / or an off-site annual retreat.</p>
H6	Staff Capacity	4	<p>On average, ACT Team One operated at 83% of full staffing in the past 12 months.</p> <p>Item formula:</p> $\frac{100 \times (\text{sum of vacancies each month})}{\text{Total \# of staff positions} \times 12} = \text{Turnover \%}$ $\frac{100 \times 21}{10 \times 12} = 17.5\% \text{ or } 82.5\% \text{ capacity}$	ACT Team One might want to work with their Human Resources and Marketing departments to produce creative advertising for the open ACT positions.
H7	Psychiatrist on Team	2	The ACT Team One psychiatrist is assigned 0.1 FTE on ACT Team One, serving 47 clients. The ACT Team One prescriber also works with other clients from other teams, as well as serves as the agency's CMO.	Given the size of ACT Team One, the agency should explore ways to increase the psychiatry time to 0.5 FTE.

#	Item	Rating	Rating Rationale	Recommendations
			<p>Item formula: $\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}$</p> <p>$\frac{0.1 \times 100}{47} = .21 \text{ FTE per 100 clients}$</p>	
H8	Nurse on Team	3	<p>The ACT Team One nurse is assigned .5 FTE on ACT Team One, serving 47 ACT clients. The ACT Team One nurse works solely with ACT team clients, spending about half of her time with this ACT team and the other half with the other ACT team.</p> <p>Item Formula: $\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}$</p> <p>$\frac{0.5 \times 100}{47} = 1.1 \text{ FTE per 100 clients}$</p>	Given the size of ACT Team One, the agency should explore ways to increase the nurse time to 1.0 FTE.
H9	Substance Abuse Specialist on Team	1	Currently, there is not a Substance Abuse Specialist identified on ACT Team One.	Given the size of ACT Team One, the agency should explore ways hire a full time Substance Abuse Specialist time.
H10	Vocational Specialist on Team	2	The ACT Team One Vocational Specialist is assigned .25 FTE on the ACT Team One, serving 47 ACT clients. The ACT Team One Vocational Specialist also works a quarter of her time on the other ACT team and works half of her time with other teams in the agency.	Given the size of ACT Team One, the agency should explore ways to increase the Vocational Specialist time to 1.0 FTE.

#	Item	Rating	Rating Rationale	Recommendations
			Item formula: $\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}$ $\frac{0.25 \times 100}{47} = 0.53 \text{ FTE per 100 clients}$	
H11	Program Size	2	Currently, there are 3.85 FTE of staff positions on ACT Team One.	The ACT Team One leader and the agency should increase the Program Size by increasing the FTEs for the Psychiatrist, Nurse, Vocation Specialist, Substance Abuse Specialist, and Peer Support Specialist positions (Please see items H7 through H10, and S10). Maintaining an adequate staff size with specialty disciplinary backgrounds assures ACT clients are receiving comprehensive, individualized services.
O1	Explicit Admission Criteria	5	<input checked="" type="checkbox"/> ACT Team One has and uses measureable and operationally defined criteria to screen out inappropriate referrals. <input checked="" type="checkbox"/> ACT Team One actively recruits a defined population and all cases comply with explicit admission criteria.	
O2	Intake Rate	4	The highest monthly intake rate in the last 6 months for ACT Team One is 7 clients per month.	

#	Item	Rating	Rating Rationale	Recommendations
O3	Full Responsibility for Treatment Services	5	<p>ACT Team One provides the following services:</p> <ul style="list-style-type: none"> ☑ Medication prescription, administration, monitoring, and documentation ☑ Counseling / individual supportive therapy ☑ Housing support ☑ Substance abuse treatment ☑ Employment or other rehabilitative counseling / support ☑ Psychiatric Services 	
O4	Responsibility for Crisis Services	3	<p>The two ACT teams work together to provide coverage for both ACT teams' clients. The two ACT teams share an after-hours coverage schedule. After hours, ACT team clients from either team receive support directly from ACT Team One or ACT Team Two.</p>	<p>The Greater Nashua ACT team leaders should consider discussing options to implement separate crisis coverage plans for each ACT team. An immediate response directly from the ACT team a client is working with can minimize clients' distress and divert crises.</p> <p>ACT Team One and ACT Team Two both rely on the other team to help provide crisis coverage for clients from both teams. It is critical that ACT Team One develops their own independent way to provide full crisis coverage without involving the other ACT team.</p>
O5	Responsibility for Hospital Admissions	4	<p>According to the charts reviewed and ACT team member reports, ACT Team One is involved in approximately 80% of hospital admissions.</p>	<p>ACT Team One should closely monitor all clients regularly so the ACT team might either divert a crisis or be involved in hospital admissions. The team might be able to do this more effectively by reviewing each client during each team meeting (Please see item H3).</p> <p>When the ACT team is involved with psychiatric hospitalizations, more appropriate use of psychiatric hospitalization occurs and continuity of care is maintained.</p>

#	Item	Rating	Rating Rationale	Recommendations
O6	Responsibility for Hospital Discharge Planning	4	According to the charts reviewed and ACT team member reports, ACT Team One is involved in approximately 80% of hospital discharges.	ACT Team One should work closely with hospital staff and the client throughout a client's psychiatric hospitalization in order to play an active role in discharge planning.
O7	Time-unlimited Services	3	According to ACT staff reports and data reviewed, approximately 18% of ACT Team One clients are expected to graduate annually.	ACT Team One has been focused on assuring they are working with an appropriate caseload by reviewing and stepping down all clients that do not fit ACT criteria. In the near future, it is important that they develop a structured and thoughtful step down process for ACT clients who will be graduating from ACT services to a lower level of care.
S1	Community-based Services	5	According to the data reviewed, ACT Team One provided face-to-face community-based services at least 80% of the time	
S2	No Drop-out Policy	5	<p>100% of the ACT Team One caseload was retained over a 12-month period.</p> <p>Item formula: $\frac{\# \text{ discharged, dropped, moved w/out referral}}{\text{Total number of clients}} = \text{Drop-out rate}$ $\frac{0}{47} = 0\% \text{ Drop-out rate}$</p>	
S3	Assertive Engagement Mechanisms	5	<input checked="" type="checkbox"/> ACT Team One demonstrates consistently well thought out strategies and uses street outreach and legal mechanisms whenever appropriate for assertive engagement.	

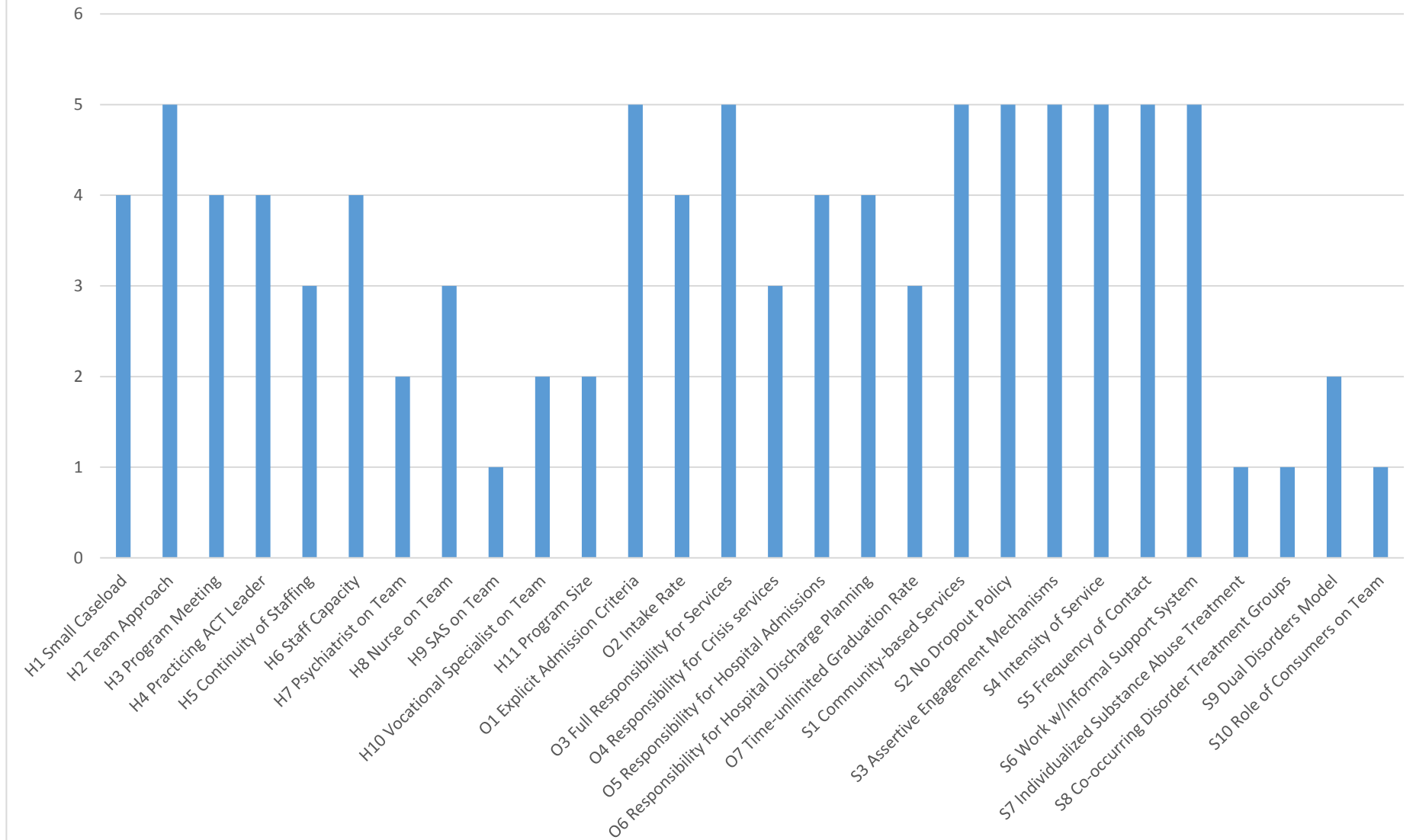
#	Item	Rating	Rating Rationale	Recommendations
S4	Intensity of Services	5	According to the data reviewed, ACT Team One averages 122 minutes of face-to-face contacts per week.	
S5	Frequency of Contact	5	According to the data reviewed, ACT Team One averages 5 face-to-face contacts per week.	
S6	Work with Support System	5	According to the data reviewed, ACT Team One has at least 4 contacts per month with the client's informal support system in the community, according to the data reviewed for 47 clients.	
S7	Individualized Substance Abuse Treatment	1	According to the data reviewed, ACT Team One clients with a co-occurring disorders did not receive formal substance abuse counseling.	ACT Team One should hire a full time SAS, as this would be a critical step to meeting the needs of ACT clients with co-occurring disorders, including delivery of individualized substance abuse treatment.
S8	Co-occurring Disorder Treatment Groups	1	ACT Team One clients who have a co-occurring disorder do not attend co-occurring disorder treatment groups facilitated by an ACT Team One member.	Research continues to demonstrate that structured co-occurring disorders groups are one of the most effective treatment strategies to reduce impairments and challenges related to substance use. Having a full time ACT SAS position on ACT Team One will be crucial to meeting the needs of ACT clients with co-occurring disorders, including offering co-occurring groups.

#	Item	Rating	Rating Rationale	Recommendations
S9	Co-occurring Disorders (Dual Disorders) Model	2	ACT Team One appears to use a mixed and varied approach to working with clients who have a co-occurring disorder. Though the ACT Team One leader seemed to have a great deal of knowledge regarding the Dual Disorder Model, ACT Team One staff as a whole seem to have limited knowledge about Dual Disorder Model philosophies and stage-wise interventions. There appeared to be no consistent strategies for working with clients with co-occurring disorder in different stages of change.	Hiring a full time ACT Team One SAS would be one critical step to meeting the needs of the ACT Team One clients with co-occurring disorders and assuring the ACT team has a good understanding of the Dual Disorder Model philosophies and stage-wise approaches.
S10	Role of Peer Specialist on Team	1	ACT Team One does not have a Peer Support Specialist at this time.	Having a full time ACT Peer Specialist on ACT Team One would be a critical step to meeting the complete duties of an ACT Peer Specialist. Research demonstrates that including peers as team members improves practice culture, making it more attuned to clients' perspectives.

ACT Team One Score Sheet	
Items	Rating 1 -5
H1 Small Caseload	4
H2 Team Approach	5
H3 Program Meeting	4
H4 Practicing ACT Leader	4
H5 Continuity of Staffing	3
H6 Staff Capacity	4
H7 Psychiatrist on Team	2
H8 Nurse on Team	3
H9 SAS on Team	1
H10 Vocational Specialist on Team	2
H11 Program Size	2
O1 Explicit Admission Criteria	5
O2 Intake Rate	4
O3 Full Responsibility for Services	5
O4 Responsibility for Crisis services	3
O5 Responsibility for Hospital Admissions	4
O6 Responsibility for Hospital Discharge Planning	4
O7 Time-unlimited Graduation Rate	3
S1 Community-based Services	5
S2 No Dropout Policy	5
S3 Assertive Engagement Mechanisms	5
S4 Intensity of Service	5
S5 Frequency of Contact	5
S6 Work w/Informal Support System	5
S7 Individualized Substance Abuse Treatment	1
S8 Co-occurring Disorder Treatment Groups	1
S9 Dual Disorders Model	2
S10 Role of Consumers on Team	1
Total	97

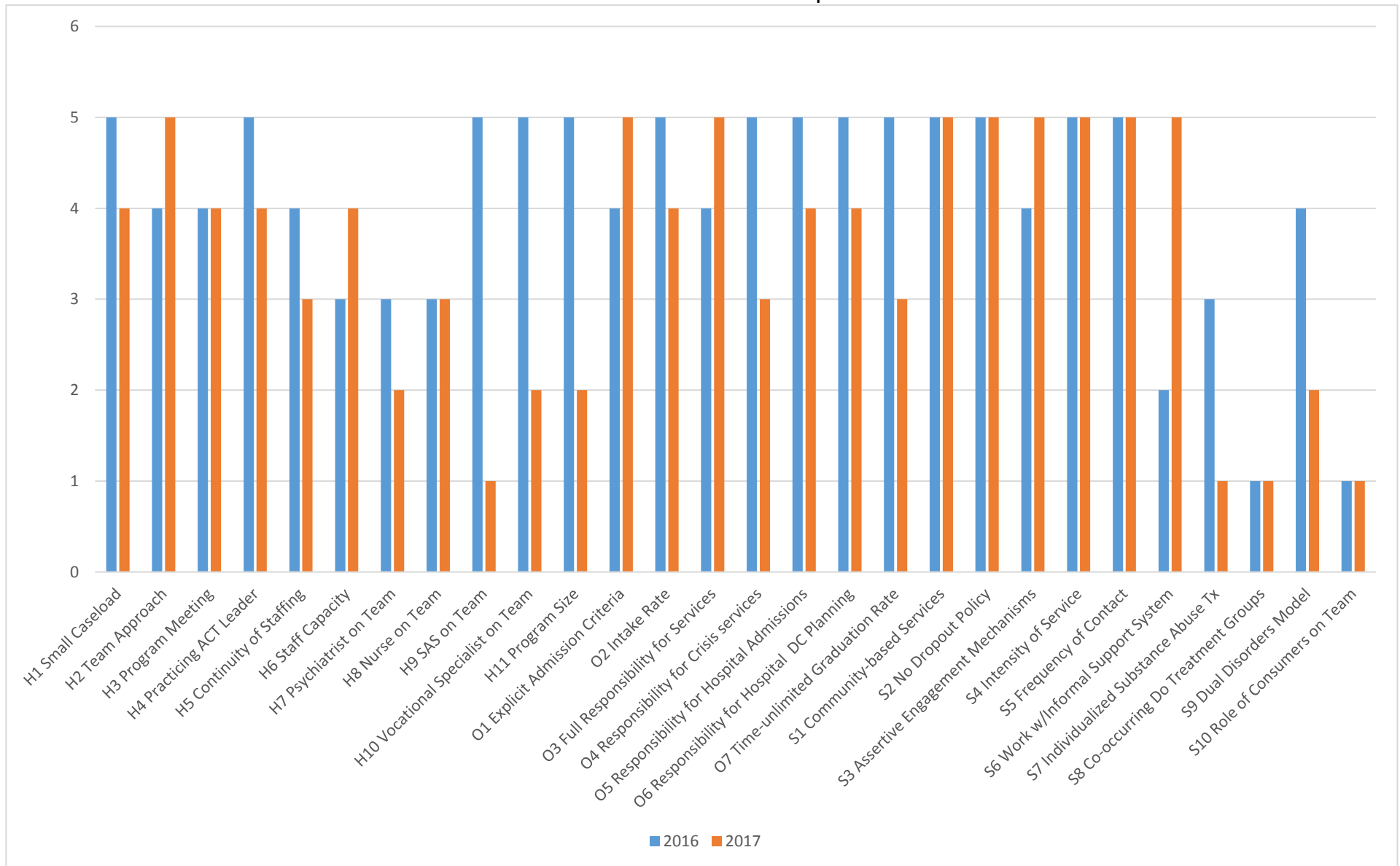
113 - 140 = Full Implementation
85 - 112 = Fair Implementation
84 and below = Not ACT

ACT Team One Item 2017



ACT Team One Comparison by Year	2016	2017
H1 Small Caseload	5	4
H2 Team Approach	4	5
H3 Program Meeting	4	4
H4 Practicing ACT Leader	5	4
H5 Continuity of Staffing	4	3
H6 Staff Capacity	3	4
H7 Psychiatrist on Team	3	2
H8 Nurse on Team	3	3
H9 SAS on Team	5	1
H10 Vocational Specialist on Team	5	2
H11 Program Size	5	2
O1 Explicit Admission Criteria	4	5
O2 Intake Rate	5	4
O3 Full Responsibility for Services	4	5
O4 Responsibility for Crisis services	5	3
O5 Responsibility for Hospital Admissions	5	4
O6 Responsibility for Hospital DC Planning	5	4
O7 Time-unlimited Graduation Rate	5	3
S1 Community-based Services	5	5
S2 No Dropout Policy	5	5
S3 Assertive Engagement Mechanisms	4	5
S4 Intensity of Service	5	5
S5 Frequency of Contact	5	5
S6 Work w/Informal Support System	2	5
S7 Individualized Substance Abuse Tx	3	1
S8 Co-occurring Do Treatment Groups	1	1
S9 Dual Disorders Model	4	2
S10 Role of Consumers on Team	1	1
Total	114	97

ACT Team One 2016 & 2017 Comparisons



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ACT Fidelity Quality Improvement Plan
Greater Nashua Mental Health Center
(ACT Team I)

Location: Nashua, NH

Date: 12.28.2017

ACT Fidelity Area in Need of Improvement: Continuity of Staffing

ACT Fidelity Baseline: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 by December 31, 2018 (date)

Improvement Strategies (select all that apply):

☐ Policy change ☒ Practice change ☐ Process change ☒ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan:

Over the past year, ACT Team I has lost 3 Full time staff members. Two of these individuals advanced to other positions/programs within the agency as new opportunities presented themselves. The last individual left the agency due to medical reasons.

The year before that, 3 full time positions were vacated within ACT Team I, two of which were due to staff advancing to higher positions outside the agency, and the last individual left team I to lead ACT Team II.

These staff changes are largely due to opportunities within the agency to advance professionally, therefore it seems reasonable to develop opportunities to advance within the ACT Team itself.

It should also be noted that due to the present size of the ACT Team, the departure of a single staff member will greatly affect the retention rate metric.

ACT Team I, as part of its retention strategy, regularly engages in team building exercises and team trainings to assist in team retention.

It would therefore be part of our strategy to expand staff size to reduce impact. Plan is to reduce turn over from 40% to 30 % over the next year by expanding the team, increasing investment in team through additional training opportunities, and to continue to provide exercises and trainings to build the team further.

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Develop educational opportunities to advance clinical skillsets.	Increase responsibility within the agency.	1/1/2018	12/31/2018	Develop educational opportunities to advance

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Bureau of Mental Health Services

				clinical skillsets.
Explore opportunities to secure additional funding/revenue to offer increases in wages	Increase retention among ACT Team members	1/1/2018	12/31/2018	Dr. Hulslander, CSS Director/Team Leader
Continue to solicit exit interviews with exiting staff members to identify areas for improving the ACT Program staff job satisfaction	Increase retention among ACT Team members	1/1/2018	12/31/2018	Ellen Constant, Director of HR Department

ACT Fidelity Area in Need of Improvement: Psychiatrist on Team

ACT Fidelity Baseline: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5 by December 31, 2018 (date)

Improvement Strategies (select all that apply):

☐ Policy change ☐ Practice change ☐ Process change ☐ Workforce Development
☐ Infrastructure improvement ☒ Other Active recruitment strategies

Action Plan: Continue ongoing efforts to recruit psychiatrists and other medical professionals to support the psychiatric needs of the team.

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Our HR department is actively working to recruit medical professionals and psychiatrists for the agency and for the ACT Team. Additionally, HR is working with a professional recruitment service which seeks out and recruit talent.	Increase Psychiatric services within the ACT Team	On going	12/31/2018	Amanda Morrill, HR recruiter

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ACT Fidelity Area in Need of Improvement: Nurses on Team

ACT Fidelity Baseline: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 by June 30, 2018

Improvement Strategies (select all that apply):

☐ Policy change ☐ Practice change ☐ Process change ☒ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan: The agency is working towards increasing nursing services for both ACT Teams by adding a part time nurse which would be shared across both teams. This would increase nursing support on ACT Team I from .5 to .75.

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Actively recruit for a nursing position.	Increase nursing services across the ACT Team	2/1/2018	5/31/2018	Amanda Morril, HR Recruiter ACT Team Leader

ACT Fidelity Area in Need of Improvement: Substance Abuse Specialist

ACT Fidelity Baseline: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5 by March 31, 2018 (date)

Improvement Strategies (select all that apply):

☐ Policy change ☐ Practice change ☐ Process change ☒ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan: At the time of the fidelity audit, ACT Team I was without an identified substance abuse specialist. However, since that time ACT Team I has hired a master's level clinician and have provided her with 16 hours of substance misuse treatment training from the Integrated Dual Diagnosis model. Furthermore, 4 additional hours of SUD training were provided by the Dartmouth COD training related to leading substance use treatment groups. This staff member was hired in December 2017 and is projected to have a full case load by March 2018. Finally, ACT Team I will be looking for additional training opportunities for all staff members so that this service can be more available to our clients. Of note, the ACT Team I Leader and one case manager were qualified to provide this service which may not have been calculated in this audit.

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Bureau of Mental Health Services

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Complete training and integration into the ACT Team	Expand existing SUD services on team	12/1/2017	3/1/2018	ACT Team Leader
Provide or secure additional Substance misuse training for present staff members	Expand existing SUD services on team	1/1/2018	12/31/2018	ACT Team Leader

ACT Fidelity Area in Need of Improvement: Vocational Specialist

ACT Fidelity Baseline: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5 by March 1, 2018

Improvement Strategies (select all that apply):

☐ Policy change ☐ Practice change ☐ Process change ☒ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan: Presently our vocational specialist is half time across the ACT Teams which means she is available for .25 time for ACT Team I. Efforts will be made to shift her entire caseload to more fully serve ACT clients increasing her time to .5 in ACT Team I. Additionally, ACT Team clinical staff are scheduled to complete supported employment training throughout the year beginning in February which will increase the available staff who can provide this service. Ideally, by the end of 2018, between 2.5-3.5 staff members will be able to regularly offer supported employment services. Of note, the ACT Team I Leader was qualified to provide this service at the time of this audit which may not have been calculated in the audit.

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Further Increase ACT FE Case load	Increase SE services	1/1/2018	12/31/2018	SE Supervisor and ACT SE Staff
Train other team members in supported employment services	Increase SE services across	2/14/2018	2/15/2018	ACT Team Clinician(s)

NH Department of Health and Human Services
Bureau of Mental Health Services

	ACT Team			
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ACT Fidelity Area in Need of Improvement: Program Size

ACT Fidelity Baseline: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 by December 31, 2018 (date)

Improvement Strategies (select all that apply):

☐ Policy change ☐ Practice change ☐ Process change ☒ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan: To meet program size needs ACT Team I is actively recruiting for support staff to increase both clinical support and to increase program size. At the time of the audit the team was reported to have 3.85 staff members which included a team leader, two clinical case managers, a psychiatrist, nurse, and supported employment staff. Since that time, ACT Team I has added another FTE and is seeking to develop a PTE nurse position (as noted in above section) which would be shared across both teams (moving nursing services on Team I from .5 to .75). This combined will bring ACT Team I to 5.10 FTE. We also have a FTE clinical position open which we are actively hiring for and peer support is also a team role which is actively being developed (as is noted in a later section of this document). These additions will serve to increase the volume of services ACT can provide. Ideally with all positions filled this will bring the ACT Team I staffing to 6.6. As ACT Team I caseloads grow, additional clinical positions should be considered.

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Recruit for an ACT Team FTE clinician. Recruit for an ACT Team PTE Nurse. Recruit for an ACT Team PTE Peer Support Specialist.	Increase program size with specialty backgrounds	Ongoing at this time	3/1/2018	Amanda Morril, HR recruiter, ACT Team Leader

ACT Fidelity Area in Need of Improvement: Responsibility for Crisis Service

NH Department of Health and Human Services
Bureau of Mental Health Services

ACT Fidelity Baseline: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 by December 31, 2018 (date)

Improvement Strategies (select all that apply):

☐ Policy change ☐ Practice change ☐ Process change ☒ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan: At this time, the ACT crisis line is staffed 24 hours a day/7 day a week/365 days a year. This is accomplished by utilizing staff from both ACT Teams in a rotating schedule and by including both ACT Teams in team meetings so as to be knowledgeable and able to assist clients in crisis. This arrangement reflects the fact that both ACT Teams are not fully staffed at this time and that ACT Team II is still being developed.

As both ACT programs expand in terms of staffing, it may become possible to staff the crisis line 24 hours a day/7 day a week/365 days by each team individually.

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
As staffing levels increase, both team leaders will review and assess the crisis line to determine if changes need to be made.	Increase available staffing for ACT crisis line	9/1/2018	3/30/2019	ACT Team Leader

ACT Fidelity Area in Need of Improvement: Time unlimited Services

ACT Fidelity Baseline: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 by December 31, 2018 (date)

Improvement Strategies (select all that apply):

☒ Policy change ☐ Practice change ☐ Process change ☐ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan: ACT Team I will work towards developing a more structured system for graduation and transfer of care to other teams as suggested by the auditors. Of note, in the past year, the ACT Teams have worked to develop more structured admission criteria for identifying clients who would benefit from ACT services. These admission criteria were also used as a guide for graduating clients who were in the program for a significant period of time, who no longer met these criteria and no longer needed this level of care. Consequently, a larger than usual number of clients were graduated to appropriate levels of service.

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Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Develop a structured protocol for graduating and transferring clients	Increase the provision of time unlimited services	1/1/2018	12/31/2018	ACT Team Leader

ACT Fidelity Area in Need of Improvement: Individualized Substance Abuse Treatment

ACT Fidelity Baseline: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 by December 31, 2018 (date)

Improvement Strategies (select all that apply):

- ☐ Policy change
 ☐ Practice change
 ☐ Process change
 ☒ Workforce Development
☐ Infrastructure improvement
 ☐ Other _____

Action Plan: At the time of the fidelity audit, ACT Team I was without an identified substance abuse specialist. However, since that time, ACT Team I has hired a master's level clinician specifically for this task and have provided her with 16 hours of substance misuse treatment training from the Integrated Dual Diagnosis model. Furthermore, 4 additional hours of SUD training was provided by the Dartmouth COD training related to leading substance use treatment groups. This staff member was hired in December 2017 and is projected to have a full case load by March. Finally, ACT Team I will be looking for additional trainings so that this service can be more available to our clients. Of note, all clinicians on ACT Team I at this time are trained and are able to provide substance misuse treatment in some capacity.

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Continue training and development of case load for SAS staff	Increase substance misuse services	12/4/2017	On going	ACT Team Leader, SAS staff
Secure additional SUD training for team members	Increase substance misuse services	1/1/2018	On going	ACT Team Leader

ACT Fidelity Area in Need of Improvement: Co-occurring Disorder Treatment Groups

ACT Fidelity Baseline: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

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Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 by December 31, 2018 (date)

Improvement Strategies (select all that apply):

☐ Policy change ☒ Practice change ☐ Process change ☐ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan: ACT Team I is in process of developing a COD group for the treatment of substance misuse. Recruitment will start in late January/early February while projected start date of this group is early March. This group is scheduled to be led by our SAS team member.

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Development, recruitment, and deployment of COD group	Increase co-occurring treatment	Projected start date is March 2018	On going	SAS Staff/ACT Team Leader

ACT Fidelity Area in Need of Improvement: Co-occurring Disorders (Dual Disorders) Model

ACT Fidelity Baseline: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 by December 31, 2018 (date)

Improvement Strategies (select all that apply):

☐ Policy change ☒ Practice change ☐ Process change ☐ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan: With the addition of the SAS team member, use of dual diagnosis strategies has already increased across the team. Additionally, SAS in team meetings, as a consultant, and in case reviews as well as Team leader in individual supervision will provide guidance as to the dual diagnosis philosophy in terms of treatment for other staff. Team Leader will seek out additional dual diagnosis training for team to support the needs of the client and provide effective COD interventions.

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Provide ongoing guidance in dual diagnosis strategies	Increase co-occurring treatment	1/1/2018	On going	SAS Staff/ACT Team Leader

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Search for additional COD training opportunities for ACT staff	Increase co-occurring treatment	1/1/2018	On going	ACT Team Leader
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ACT Fidelity Area in Need of Improvement: Peer support specialist

ACT Fidelity Baseline: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5 by December 31, 2018 (date)

Improvement Strategies (select all that apply):

☐ Policy change ☐ Practice change ☐ Process change ☒ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan: GNMHC staff are working closely with the local Peer support center, HEARTs, to develop a contract for Peer support services on ACT Team I. Ideally, this contract will be fully developed by the end of February/early March and recruitment efforts will follow. Projected employment of this position is May 2018.

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Develop, recruit, and hire a full-time peer support specialist for ACT Team I	Provide Peer support services to team	On going	5/31/2018	Dr. Hulslander, CSS , Amanda Morrill, HR recruiter, and ACT Team Leaders



Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH
BUREAU OF MENTAL HEALTH SERVICES

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February 6th, 2018

Craig Amoth, CEO
Greater Nashua Mental Health Center at Community Council
100 West Pearl Street
Nashua, NH 03060

Dear Mr. Amoth,

The New Hampshire Department of Health and Human Services, Bureau of Mental Health Services, received Quality Improvement Plan submitted on January 19th, 2018 for ACT Team One that was in response to the ACT Fidelity Review conducted by the Dartmouth Hitchcock consultants on 11/29/2017 through 11/30/2017. I am happy to inform you that this QIP has been accepted. At the Department's discretion, information and documentation may be requested to monitor the implementation and progress of the quality improvement areas identified for incremental improvement.

Please contact myself if you have any questions regarding this correspondence, process questions, or ongoing support needs at 603-271-8376, or by e-mail: Lauren.Quann@dhhs.nh.gov.

Many thanks for your dedication to provide quality services to individuals and families in your region. We greatly look forward to our continued work together.

Sincerely,

A handwritten signature in cursive script that reads "Lauren Quann".

Lauren Quann, Administrator of Operations
Bureau of Mental Health Services
Lauren.Quann@dhhs.nh.gov
603-271-8376

Enclosures:

CC: Karl Boisvert, Diana Lacey